



USA TRAINS DEALER APPLICATION

CONTACT NAME: _____ DATE: _____

COMPANY NAME: _____

COMPANY ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COMPANY PHONE#: _____ FAX#: _____

COMPANY EMAIL: _____

DEALER REQUIREMENTS

1. A copy of your State Sales Tax License and Resale Tax Form for your state.
 2. Three credit references.
 3. Picture of your storefront and train area showing you have a retail store.
 4. A business as from the newspaper, magazine or Yellow Pages.
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Please fill out form and email requirements to info@usatrains.com. Your request will be reviewed, and we will inform you via email. Any questions feel free to contact us.

